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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		<b>Attorney Docket No.</b> 3236-21	
		<b>First Inventor</b>	Jonkman, Jacobus
		<b>Title</b>	DIRECTIONAL HEARING AID TESTER
		<b>Express Mail Label No.</b>	

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contents.

**ADDRESS TO:**  
Commissioner for Patents  
Mail Stop Patent Application  
P.O. Box 1450  
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.

3. ☒ Specification [Total Pages 18]  
(preferred arrangement set forth below)  
- Descriptive title of the invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table, or a computer program listing appendix  
- Background of the invention  
- Brief Summary of the invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C.113) [Total Sheets 4]

5. Oath or Declaration [Total Sheets 1]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program *(Appendix)*

8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*  
a. ☐ Computer Readable Form (CRF)  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper  
c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))

10. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)

11. ☐ English Translation Document *(if applicable)*

12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. ☒ Other: Small Entity Declaration Form

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ /

Prior application information:      Examiner: \_\_\_\_\_      Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label

1059

☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

<b>Name</b>	Bereskin & Parr				
<b>Address</b>	Box 401				
	40 King Street West				
<b>City</b>	Toronto	<b>State</b>	Ontario	<b>Zip Code</b>	M5H 3Y2
<b>Country</b>	Canada	<b>Telephone</b>	(416) 364-7311	<b>Fax</b>	(416) 361-1398

<b>Name (Print/Type)</b>	Richard J. Parr	<b>Registration No. (Attorney/Agent)</b>	22,836
<b>Signature</b>		<b>Date</b>	September 9, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>		
		Application Number	Not yet known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Not yet known	
		First Named Inventor	Jonkman, Jacobus	
		Examiner Name	N/A	
TOTAL AMOUNT OF PAYMENT		Art Unit	N/A	
(\$)		636.00	Attorney Docket No.	3236-21

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																															
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: <b>022095</b> Deposit Account Name: <b>Bereskin &amp; Parr</b> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																															
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<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Richard J. Parr	Registration No. (Attorney/Agent)	22,836
Signature	<i>Richard J. Parr</i>	Telephone	(416) 364-7311
		Date	September 9, 2003

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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